

Form **940**

Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-0028

Department of the Treasury
Internal Revenue Service (99)

▶ See separate Instructions for Form 940 for information on completing this form.

2002

You must complete this section. ▶

Name (as distinguished from trade name)

Calendar year

Trade name, if any

Address and ZIP code

Employer identification number

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A Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) Yes No

B Did you pay all state unemployment contributions by January 31, 2003? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2003. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.) Yes No